
ELDER ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION

Fiscal Year 2006



It is a crime.

MISSOURI'S RESPONSE SYSTEM

1-800-392-0210

TDD 1-800-669-8819

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Aging in Missouri

- ▲ According to the 2000 census, there are 983,704 residents age 60 and over (17.6% of Missouri's total population of 5,595,211).
- ▲ Of the 983,704 who are age 60 and older, 98,571 or 10% are seniors over the age of 85.
- ▲ The age 60 and over population is ranked 14th nationally, according to the 2000 census. Missouri ranks 11th nationally, tied with Massachusetts, when calculated proportionally.
- ▲ In 2010 there are projected to be 1,147,763 Missouri residents age 60 and older, and of those, 124,961 will be age 85 and over.
- ▲ In 2025, Missouri's population of seniors is projected to be 1,583,917 or approximately 25% of Missouri's total population.
- ▲ An estimated 42.7% of Missourians over age 65 live at or below 200% of the poverty level.

Aging Across America

- ▲ 14% of the elderly population age 65 and over reside in nursing facilities.
- ▲ 60% of elderly persons age 65 and above will need long-term care at some point in the remaining years of their lives.
- ▲ 76.3% of nursing home residents have limitations in 3 or more activities of daily living.
- ▲ Alzheimer's Disease and other dementias affect 1 in every 10 persons age 65 and over.
- ▲ Nearly 50% of persons age 85 and above have Alzheimer's disease or other dementias.

Source: U.S. Bureau of the Census, MO Office of Administration and the Administration on Aging.

History of Missouri Elder Abuse Laws

- 1980** Established authority of the Division of Aging to provide protective services to elderly (age 60+) in the community.

Central Registry Unit (CRU) established.

- 1984** Penalty for abuse and neglect in long-term care facilities amended to a felony.

Authority granted whereby the Department of Social Services would establish and maintain an Employee Disqualification List (EDL) of people who have been finally determined by the department to have abused, neglected, or misappropriated funds/property of a facility resident.

History of Missouri Elder Abuse Laws (Continued)

1987 Protective services extended to include adults (age 18 - 59) who are suffering from mental or physical disabilities that substantially limit their ability to protect their own interests or adequately obtain or perform services necessary to meet their essential human needs.

1992 The crime of "Elder Abuse" established, including graduated penalties for perpetrators of abuse and neglect.

The EDL statute amended to include the home care industry. Prohibitions, protections, and penalties of the EDL statute extended to include Division of Aging clients receiving services in their homes.

1994 Extension of the EDL statute and employment prohibition to include agencies licensed by the Department of Health and all Medicaid provider agencies delivering services to clients in their homes.

Failure to report abuse or neglect of a long-term care facility resident from an infraction to a misdemeanor.

1997 Legislation mandates criminal background checks on all employees of in-home services providers.

1999 Department of Health (DOH) to implement an education and awareness program to increase awareness of the problem of elder abuse and neglect with the goal of reducing the incidences of elder abuse and neglect.

2000 Legislation enacted creating the crime of "Financial Exploitation" of the elderly and persons with disabilities to strengthen successful prosecution that reflects the vulnerability of this population.

Legislation established the Family Care Safety Registry within DOH to coordinate information necessary to prohibit certain individuals from being employed by agencies responsible for the care of the elderly (and children) including those with a criminal history or other disqualifying registers.

2001 The Department of Health and Senior Services was established, as well as Alzheimer's training programs for direct care staff. Legislation passed which created the Pharmaceutical Investment Program within the Department of Health and Senior Services to assist elderly persons with prescription drug expenses.

2002 Legislation passed that enhanced the "Utilicare Program" to assist seniors and adults with disabilities to meet the high cost of utility bills. Also, legislation was passed that set forth cost containment measures in the Medicaid Program, resulting in a reduction of covered items and services, and stricter eligibility criteria.

History of Missouri Elder Abuse Laws (Continued)

- 2003** Legislation was passed to strengthen clinical oversight of client service plans by authorizing semi-annual clinical nurse assessments to all in-home services clients. (Section 660.300(15)-(18)).
- 2005** Legislation was passed to require vendors of Consumer-Directed Services (CDS) to ensure that all Personal Care Attendants are registered, screened, and employable pursuant to the Family Care Safety Registry and the Employee Disqualification List (EDL). CDS vendor employees may also be placed on the EDL.

Financial exploitation statute was revised to define the elderly and persons with disabilities without regard to 'capacity' and increase certain penalties from a misdemeanor to a felony.

Guiding Principles for Home and Community Services Adult Protective Services (APS)

The law contains certain guarantees that protect the rights of eligible adults alleged to be in need of protective services.

The Missouri Department of Health and Senior Services (DHSS), Division of Senior and Disability Services delivers **home and community based Adult Protective Services (APS)** with consideration to the following inherent rights:

- | | |
|--------------------------------|----------------------------|
| ➤ Self-Determination | ➤ Receive Assistance |
| ➤ Protection | ➤ Refuse Services |
| ➤ Confidentiality | ➤ Refuse Medical Treatment |
| ➤ Participate in Care Planning | |

Protective services are provided by individuals or agencies for or on behalf of eligible persons who are unable to:

- manage their own affairs;
- carry out activities of daily living; or
- protect themselves from abuse, neglect, or exploitation, which may result in harm or a hazard to themselves or others.

The purpose of Adult Protective Services is to:

- promote independence;
- maximize client choice and provide for meaningful client input for preferences;
- provide quality alternatives to institutional care; and
- empower the older adult to attain or maintain optimal self-determination.

Guiding Principles for Long-Term Care Facility Residents

Long-term care facilities are required by statute to provide protective oversight for their residents. In addition, each facility must protect and promote a basic set of "resident rights."

A facility resident has the right to:

- ▲ Be free from mental and physical abuse;
- ▲ Be informed of their medical condition;
- ▲ Select their own physician;
- ▲ Participate in planning their care;
- ▲ Refuse treatment;
- ▲ Voice grievances;
- ▲ Be treated with respect and dignity; and
- ▲ Have treatments provided in privacy.

The DHSS Division of Regulation and Licensure staff conducts investigations of reported abuse, neglect, and exploitation of individuals residing in long-term care facilities. Complaint investigations are handled in accordance with state statute, and all information obtained during investigations is handled in a confidential manner.

Long-Term Care Ombudsman Program

The Missouri Long-Term Care Ombudsman Program also helps residents by empowering them with knowledge and advocating on their behalf - both individually and as a group - to ensure that their rights are protected. Services of a Volunteer Ombudsman can be accessed by calling the following number: **1-800-309-3282**



Central Registry Unit

24-hour toll-free HOTLINE 1-800-392-0210

The Central Registry Unit (CRU), the statewide central intake unit, has taken calls since 1980. All calls are electronically recorded and reports kept on file for a minimum of one year.

TYPE OF CALL	1980 – 2006
Home and Community Services:	290,824
Abuse/Neglect/Exploitation	110,748
Total Abuse/Neglect and Regulatory Reports	401,572
Long-Term Care Regulation: Abuse, Neglect, and Regulatory Issues	
Pre-long Term Care Screening (through 2005)	313,330
Information and Referral	363,303
Facility Self Reports (1999 to present)	11,620
Statements of Concern (1990 to 1999)	6,425
Total Abuse/Neglect/Exploitation Intake, Screenings, and Information & Referral	1,096,250

REPORTS INCLUDE

- ✦ **Information regarding the eligible adult:**
 - Name, address and telephone number;
 - Date of birth or age; and
 - Other relevant identifiers.
- ✦ **Names of any witnesses or other persons involved;**
- ✦ **Nature of the incident:**
 - Abuse: the infliction of physical, sexual, emotional or financial injury or harm;
 - Neglect: failure to provide services when such failure presents either an imminent danger to the health, safety, or welfare - OR - substantial probability that death or serious physical harm will result;
 - Misappropriation: of funds or property of in-home services clients, consumer directed services consumers, or residents of long-term care facilities;
 - Falsification: of documentation which verifies service delivery to in-home services clients; consumer directed services consumers; or
 - Financial Exploitation: a person knowingly and by deception, intimidation, or force obtains control of a senior or disabled adult's property with the intent to permanently deprive the owner.
- ✦ **Names of any available witnesses.**

Registering Reports

Upon initial contact, CRU interviews the caller to obtain information sufficient to determine eligibility for involvement:

- Adult is over the age of 60, **or**
- Adult is between the ages of 18 and 59, **and** has a mental or physical impairment that substantially limits one or more major life activities; **and**
- is unable to:
 - Protect their own interests, **or**
 - Adequately perform or obtain services, which are necessary to meet their essential human needs.

Statutes protect the confidentiality of the contents of the report and identification of the reporter. CRU obtains information sufficient to conduct an investigation.

Classification of Reports:

- **Class I** reports involve life-threatening, imminent danger situations, which indicate a high risk of injury or harm to an eligible adult.
- **Class II** reports involve situations which may result in harm or injury to an eligible adult but is not life threatening.
- **Class III** reports involve non-protective situations or information on an open report.

Imminent Danger – Live-Threatening Situations

The following situations, although not all-inclusive, should be considered emergencies:

- Reports of physical abuse occurring at the present time or where there are injuries to the eligible adult.
- Reports of ongoing sexual abuse.
- Reports involving eligible adults who are suffering from acute, untreated medical conditions.
- Reports alleging that caretakers of eligible adults are psychotic, behaving in a bizarre manner, or acting under the influence of drugs or alcohol.
- Reports alleging chemical restraint through non-prescribed drugs or alcohol.
- Complaints alleging bizarre punishment.
- Complaints alleging that an eligible adult is suicidal.
- Complaints involving abandonment of an eligible adult incapable of providing for their essential human needs.
- Self-referrals from families who state they are unable to meet the immediate care needs of an eligible adult.

Reporting Elder Abuse

In four statutes various professionals are mandated to report suspected maltreatment: 198.70 RSMo; 208.912 RSMo; 660.300 RSMo; and 565.188 RSMo.

- Requirements are intended to protect adults who demonstrate a need for protective services or who are suspected to be victims of abuse or neglect.
- Any mandated reporter who knowingly fails to report is guilty of a Class A misdemeanor.

The subsequent investigation is conducted in accordance with the following statutory guidelines:

1. The identity of a reporter is protected in accordance with state statutes (198.070 RSMo; 660.263 RSMo; 660.300 RSMo; and 660.320 RSMo).
2. A reporter is immune from civil or criminal liability for making a report or testifying pursuant to state mandates (198.070 RSMo; 208.912 RSMo; 208.915 RSMo; 565.190 RSMo; 660.300 RSMo; and 660.305, RSMo).
3. Persons who report (other than the perpetrator) shall be protected from harassment, dismissal, or retaliation when such report is filed in good faith (198.070 RSMo; 208.912 RSMo; 208.915 RSMo; 660.300 RSMo; and 660.305 RSMo).
4. The Employee Disqualification List (EDL) is an administrative vehicle through which the Director of DHSS may prohibit persons from working in any elder care entity that is licensed by, certified by, or contracted with the Department of Health and Senior Services, thereby increasing the protection of eligible adults (660.315 RSMo).
5. An agency providing services shall be responsible for screening prospective employees, including criminal background and EDL checks and reviewing current employees against the most recent information contained in the EDL (198.070 RSMo; 660.261 RSMo; and 660.317 RSMo).
6. DHSS has statutory responsibility for investigation of all allegations of abuse and neglect (198.070 RSMo, 208.912 RSMo; 208.915 RSMo; 565.186 RSMo; 660.260 RSMo; 660.261 RSMo; 660.300 RSMo; and 660.305 RSMo).
7. The DHSS worker shall investigate reports of alleged abuse and neglect in accordance with current division policy. The investigation will focus on gathering all pertinent information and will generally include:
 - Contact with the reporter for additional information;
 - An interview with the reported adult;
 - An interview with any relevant witnesses; and
 - An interview with the alleged perpetrator.



Mandated Reporters

Under Sections 660.00, 565.188, 208.912, 208.915, and 198.070, RSMo

Clients of Home Care - Section 660.300: reasonable cause to believe that an in-home services client has been abused or neglected, as a result of in-home services

Seniors - Section 565.188: reasonable cause to suspect such a person (age 60 or older) has been subjected to conditions or circumstances, which would reasonably result in abuse or neglect

Consumers of Personal Care - Section 208.912: reasonable cause to believe that a consumer has been abused or neglected, as a result of the delivery of or failure to deliver consumer directed services

Facility Residents - Section 198.070: reasonable cause to believe that a resident of a facility has been abused or neglected

Failure to report is a class A misdemeanor under each of the above statutes.

- | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| ➤ Adult Day Care Worker | ➤ Long-Term Care Facility Administrator or employee |
| ➤ Chiropractor | ➤ Medical Examiner |
| ➤ Christian Science Practitioner | ➤ Medical Resident or Intern |
| ➤ Coroner | ➤ Mental Health Professional |
| ➤ Dentist | ➤ Minister |
| ➤ Embalmer | ➤ Nurse |
| ➤ Employee of Department of Health and Senior Services | ➤ Nurse Practitioner |
| ➤ Employee of the Department of Social Services | ➤ Optometrist |
| ➤ Employee of the Department of Mental Health | ➤ Other Health Practitioner |
| ➤ Employee of a local Area Agency on Aging or an organized Area Agency on Aging Program | ➤ Peace Officer |
| ➤ Funeral Director | ➤ Personal Care Attendant * |
| ➤ Home Health Agency or Home Health Agency Employee | ➤ Pharmacist |
| ➤ Hospital or Clinic Personnel engaged in examination, care, or treatment of persons | ➤ Physical Therapist |
| ➤ In-Home Services owner, provider, operator, or employee | ➤ Physician |
| ➤ Law Enforcement Officer | ➤ Physician's Assistant |
| | ➤ Podiatrist |
| | ➤ Probation or Parole Officer |
| | ➤ Psychologist |
| | ➤ Social Worker |
| | ➤ Vendor of the Personal Care Attendant Program * |

* (Mandated under 208.912 only)

Indicators Of Abuse & Neglect

Physical Appearance

- ▲ Burns, especially unusually located
- ▲ Malnutrition, poor skin color, thin, obese, listless, mind unclear
- ▲ Bilateral bruises on upper arms, from shaking
- ▲ Swollen ankles (heart or kidney ailment)
- ▲ Clustered bruises on trunk from repeated striking
- ▲ Old and new bruises - as an injury repeated striking
- ▲ Unhealed sores/untreated injuries
- ▲ Green, yellow, red, brown sputum
- ▲ Clothing inappropriate for weather, occasion, filthy, torn, big
- ▲ Swelling in joints accompanied by sickness or fever
- ▲ Bone fracture/signs of fractures
- ▲ Unintentionally non-communicative
- ▲ Rash, impetigo, eczema
- ▲ Clothing covering entire body
- ▲ Thin spots in hair (as though pulled out)
- ▲ Wheezing/persistent cough
- ▲ Bruises resembling an object
- ▲ Untreated medical conditions
- ▲ Coldness in part of body
- ▲ Immobile/difficult moving
- ▲ Same clothing all the time
- ▲ Sudden weight loss or gain
- ▲ Lacerations/welts, black eye
- ▲ Lack of prosthetic devices
- ▲ Untreated medical condition
- ▲ Blood in excretion
- ▲ Loss of sight or hearing
- ▲ Heat exhaustion
- ▲ Dehydration
- ▲ Severe or constant pain
- ▲ Repeated broken bones
- ▲ Sudden illness
- ▲ Odorous, smell of alcohol
- ▲ Changes in appearance
- ▲ Dilated pupils
- ▲ Nails needing clipping
- ▲ Bed sores
- ▲ Tremors
- ▲ Red, painful eyes
- ▲ Broken glasses/frames
- ▲ Unkempt, dirty
- ▲ Hair matted or tangled
- ▲ Decayed teeth
- ▲ Swollen eyes
- ▲ Swelling of legs
- ▲ Lack of clothing
- ▲ Shoes on wrong feet
- ▲ Incontinent
- ▲ Fleas or lice
- ▲ Coma
- ▲ Vomiting
- ▲ Shortness of breath
- ▲ Chest pains
- ▲ Lumps
- ▲ Scars
- ▲ Hair not combed
- ▲ Loss of equilibrium
- ▲ Narcolepsy

Environmental

- ▲ Lots of medications lying around
- ▲ Medications from several doctors
- ▲ Medications not clearly marked
- ▲ Soiled bedding/furniture
- ▲ Food is not present, inadequate or spoiled, or lying around
- ▲ Food stored improperly
- ▲ No evidence of food preparation
- ▲ Unsanitary food preparation
- ▲ Lack of minimum facilities - bathroom, bed, furniture
- ▲ Large number of animals lacking care
- ▲ Lack of electricity, heat, water, toilet, or cooking facilities, refrigeration or cooling
- ▲ Change in housekeeping style
- ▲ House infested with fleas, lice, roaches, rats, birds, squirrels, snakes, etc.
- ▲ Piles of dirty clothes/linens
- ▲ Hazardous Conditions:
 - Poor wiring
 - Porch is rotten
 - Open fireplace
 - Stack of newspapers
 - Only one exit
 - Inadequate light
 - No handrail on stairs
 - Odor of gas
 - Loose rugs
 - Floor uneven, slippery
 - Unventilated gas heaters
 - Extension cord in traffic pattern
 - No grab bars or non-skid strips in bathroom
 - bad chimney
 - broken glass
 - no locks
- ▲ Burst water pipes
- ▲ Disappearance of personal property or household items
- ▲ Number of locks and bolts
- ▲ Large cracks in wall/floor
- ▲ Outdated prescriptions
- ▲ Fecal/urine smell
- ▲ Urine soaked bed
- ▲ Evidence of restraints
- ▲ Limited variety of food
- ▲ Roof leaks
- ▲ Furniture rickety
- ▲ Overcrowding
- ▲ Home too cold/hot
- ▲ Home not ventilated
- ▲ No screens or windows
- ▲ Contaminated well
- ▲ Empty bottles of liquor
- ▲ Yard cluttered
- ▲ Unable to access essential rooms
- ▲ High grass
- ▲ Bad neighborhood
- ▲ Frequent moving
- ▲ Too many stairs

Indicators Of Abuse & Neglect (Continued)

Behavior of Family or Caregiver

- ▲ Conflicts with others or the community
- ▲ Arguments within extended family on care provided to client
- ▲ Family imposes obligations
- ▲ Manipulates overly passive adults into babysitting, paying bills, loaning money
- ▲ Family has other illness to deal with
- ▲ Recent loss of spouse, family members or close friends
- ▲ Resentment by caregiver
- ▲ Financial problems / lack of money
- ▲ Client left alone for long periods of time
- ▲ Lack of knowledge by caregiver of client's condition and needed care
- ▲ History of mental illness in the family
- ▲ Withholding of food or medications
- ▲ Unrealistic expectations of client
- ▲ Explanation of injury not feasible
- ▲ Inconsistent explanations
- ▲ Sudden appearance of previously uncaring relatives
- ▲ Evasiveness on payment of bills
- ▲ Unusual household composition
- ▲ Competition in family for attention
- ▲ Blames others for problems
- ▲ Irresponsible
- ▲ Caregiver has many other responsibilities
- ▲ Denial of problems
- ▲ Alcohol, drug use by family
- ▲ Intergenerational households
- ▲ Overprotection by family
- ▲ Lack of physical, facial, eye contact with client
- ▲ Caregiver does not provide personal care
- ▲ Unusual expenses and no visible means of income
- ▲ Transfer of property, savings, Insurance, wills
- ▲ Other injuries found which were not reported
- ▲ Prolonged interval between treatment and injury
- ▲ Doctor hopping
- ▲ Overly frugal
- ▲ Past history of similar episodes
- ▲ Someone other than caregivers bring clients
- ▲ Caregiver will not allow visitors
- ▲ Unexplained cash flow
- ▲ Excessive payment of care
- ▲ Marital or family discord
 - striking
 - shoving
 - beating
 - name-calling
 - scape-goating
 - yelling
- ▲ Continuous friction
- ▲ Hostility
- ▲ Secretive
- ▲ Impatient
- ▲ Frustrated
- ▲ Poor self-control
- ▲ Shows little concern
- ▲ Recent family crisis
- ▲ Role reversal
- ▲ Treats client like a child
- ▲ Lock client away from family
- ▲ Family does not interact with client
- ▲ Resentment
- ▲ Jealousy

Social Indicators

- ▲ Client resists going outside home
- ▲ Little or no contact with others
- ▲ Only one person to call in times of crisis
- ▲ Dependent on one caregiver for financial/physical/emotional support
- ▲ Conflicts with the community
- ▲ Pets replace affection from others
- ▲ Undesirable friends, too many
- ▲ Caregivers providing help for pay
- ▲ Home is physically isolated from community
- ▲ No assistance provided by friends, relatives, or neighbors
- ▲ Lives alone or in an overcrowded home
- ▲ Community refuses support, client is ostracized
- ▲ Visitors only on check day
- ▲ Lack of magazines, books, radio, TV, phone, letters
- ▲ Receives no visitors
- ▲ Lack of aged friends
- ▲ Doesn't know neighbors
- ▲ Relatives live far away
- ▲ Doesn't want worker to leave
- ▲ No hobbies or interests
- ▲ Eats alone
- ▲ Unable to read or write

Indicators Of Abuse & Neglect (Continued)

Client's Behavior

- Withdrawn - no desire for family or outside contacts
- Not willing to form attachments
- Extreme agitation, irritable or grouchy
- Depressed affect / no eye contact, movement or expression
- Sleep disorders, insomnia, nightmares
- Excessive physical complaints
- Denial of problem due to pride
- Refuses to discuss situation, cooperate, communicate the need for help
- Blaming of someone else for problems
- Unable to cook, phone for help or take medications properly
- Unaware of how much money they receive and regular monthly expenses
- Carries large amount of cash
- Lacks judgment, confuses priorities
- Frequent requests for help at the end of the month to supplement income
- Payment of exorbitant prices for services, repairs, rent, etc.
- Unable to respond rationally to questions / erratic / irrational
- Disoriented as to time and place
- No incentive or motivation, apathetic
- Persistent, intense anxiety unattributable to any real problem
- Feelings of inadequacy or worthlessness
- History of mental illness
- Alcohol or drug abuse
- Violent / threatens worker
- Delusions / paranoia
- Recent or sudden changes in behavior or attitudes
- Denial of problems
- Refusal to talk about subject personal matters
- Inappropriate use of facilities
- Constantly losing thoughts
- Hoards/squanders money
- High dependence on others, or agencies
- Chronically fails to pay bills
- Depleted bank accounts with nothing to show
- Large amount of purchases on credit
- Can't remember who you are or who they are
- Inability to follow instructions
- Utterly discouraged / hopeless
- No pride in themselves or their home, low self-esteem
- Inability to distinguish between fantasy and reality
- Unreasonable excuses
- Frightened of caregiver
- Unintelligible speech or unable to communicate
- Loneliness
- Unjustified fear
- Unwarranted suspicion
- Mentally deficient
- Bizarre behavior
- Compulsiveness
- Fanaticism
- Frequent falls
- No set meals
- Overly frugal
- Wandering
- Begging
- Pack- ratting
- Confusion
- Easily influenced
- Overly quiet
- Passive
- Timid
- Suicidal
- Excessive crying
- Uncashed checks; money laying around
- Demanding undivided attention
- Careless smoking
- Refuses to open door
- Unwillingness to talk
- Extreme procrastination
- Giving money away; overly-generous



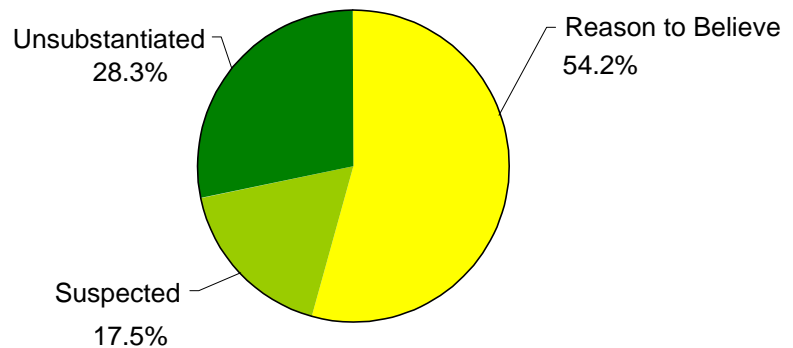
Investigation

Initiation of the Home and Community investigation will begin as soon as is necessary, according to information contained in the report.

- The Division of Senior and Disability Services (DSDS) staff reviews the report and contacts the reporter when appropriate and possible for additional information.
- Interviews are conducted with the reported adult and the alleged perpetrator, and any other relevant witnesses.
- State staff notify the appropriate law enforcement authorities when the report may involve a crime. Upon substantiation of a report of elder abuse, the appropriate law enforcement agency and prosecutor are notified (565.186, RSMo).
- Protective services are implemented only with consent of the reported adult (or guardian when applicable).
- DSDS may cause legal proceedings to be initiated as part of the protective service plan when judicial intervention is determined necessary to protect the eligible adult from abuse or neglect.
- Service plans are coordinated with current support systems to maximize client independence.



**Home & Community Services
Hotline Report Investigation Findings
FY 2006**



Overview of Service Intervention

Core Services

- Intake and assessment
- Case management
- Follow-up
- Early intervention services

Emergency

- Emergency shelter, food or clothing
- Emergency caregiver or placement
- Crisis intervention

Legal

- Better Business Bureau
- Law enforcement
- Attorneys; state and local bar associations; Legal Aid
- Civil commitment
- Orders of protection
- Probate and circuit courts
- Guardianship / conservatorship / public administrator

Financial and Economic

- System for money management: counseling, power of attorney, payee, conservatorship
- Income stretching benefits: SSI, SS, VA, Food Stamps, Medicaid, private pension plans, Railroad Retirement, health insurance
- Employment programs / agencies
- Clubs and churches which provide specific services: Lions, Rotary, civic groups, fraternal organizations
- Temporary financial support

Home Support and Housing

- Respite
- Alternative housing, HUD programs, local housing authorities, public housing, retirement villages
- Home repair
- Residential care / nursing homes

Health / Medical

- Hospitalization, doctor visit, outpatient clinics
- Health screening and medical evaluation
- Drug information and health education
- Mental health services
- Dental care
- Home health care, visiting nurses, public health department
- Adult day care
- Medicaid
- Medicare
- Congregate and home-delivered meals
- Boarding / nursing homes
- Voluntary organizations (American Cancer Society, American Heart Association, etc.)

Social, Educational, Recreational

- Outreach
- Information and referral assistance
- Crime prevention
- Telephone reassurance
- Friendly visitor
- Support groups
- Transportation
- Religious / church organization
- Congregate meals / Senior Centers
- Counseling
- Adult educational classes
- Arts and crafts courses
- Civic groups, clubs, fraternal organizations, AARP
- Voluntary organizations (Red Cross, Cancer Society, YWCA, hospital volunteer, nursing home volunteer, foster grandparents)
- Adult day care

Hotline Information - Central Registry Unit

I. Intake Activities (initial reports)

	FY 04	FY 05	FY 06
Abuse, Neglect and Exploitation (A/N/E) of the elderly	11,471	11,761	12,177
A/N/E of adults with disabilities under age 60	3,719	4,073	4,218
Subtotal	15,190	15,834	16,395
Abuse, Neglect Complaints & Facility Self Reports in LTC facilities	681	724	703
Other LTC Facility Complaints (without Abuse/Neglect)	4,246	4,301	3,959
Other Facility Self Reports (without Abuse/Neglect)	1,368	1,236	1,226
Subtotal	6,295	6,261	5,888
Pre-admission screening referrals (MO Care Options)*	20,511	16,739	
Other Information and Referral (I & R)	17,178	17,530	17,810
Subtotal	37,689	34,269	17,810
TOTAL INTAKE AND I&R*	59,174	56,364	40,093

*Effective May 1, 2005 the DHSS eliminated the Pre-Long Term Care Screening process. This screening process served to inform new or potential residents of possible services available within the community and was a duplication of a requirement that went into effect October 30, 2004. The DHSS is now utilizing the distribution of the Missouri Guide for Home and Community Services as the primary source of informing new residents of the range of possible services available within the community which is required under 19 CSR 30-88.010(9) Residents Rights. These guides are provided to facilities to distribute before or at the time of admission. Guides are provided to facilities via the DHSS Central Registry Unit.

II. Findings (completed investigations from field staff)

A. Home And Community Services: A/N/E of adults residing in home or community based settings.

	Reason to Believe	Suspected	Unsubstantiated
FY 06	54.2%	17.5%	28.3%
FY 05	55.6%	16.5%	27.9%
FY 04	55.6%	15.2%	29.2%
FY 03	55.9%	17.4%	26.7%

B. Section for Long-Term Care Regulation: Long-term care resident A/N and other complaints including facility self-reports.

	Valid	Unable to Verify	Invalid/Other
FY 06	21.7%	57.8%	20.5%
FY 05	17.6%	55.9%	26.5%
FY 04	16.7%	51.8%	31.5%
FY 03	21.3%	29.7%	49.0%

Hotline Information - Central Registry Unit (Continued)
III. Types of Information and Referral (I&R) Calls:

- Referrals to other agencies (Medicaid, Social Security, Department of Mental Health, spousal abuse agencies, etc.)
- Referrals to Area Agency on Aging offices
- Requests for information or publications
- Shared Care Tax Credit Registrations
- Alzheimer's information and support group referral
- Heat crisis, cooling center information
- Unable to investigate (hang ups, harassment, etc.)

Division of Senior & Disability Services
Information Regarding Home and Community Based Investigations
I. Description of Home and Community Services Investigative Finding

- A. Reason to Believe: Substantial amount of evidence is found supporting the allegations contained in the report.
- B. Suspected: Based on worker judgment, allegations contained in the report are probable or likely.
- C. Unsubstantiated: The evidence of the investigation does not support the allegations.

II. Status of Home and Community Services Investigative Findings

	FY 04	FY 05	FY 06
Reason to Believe	55.6%	55.6%	54.2%
Suspected	15.2%	16.5%	17.5%
Unsubstantiated	29.2%	27.9%	28.3%

III. Types of Problems Identified by Status

Based on "problems" on completed investigations (not directly related to the number of reported elders/victims, as victims may have multiple problems).

Total Percentages	FY 04	FY 05	FY 06
Physical Abuse	9.2%	9.4%	9.1%
Physical Neglect	50.8%	49.2%	50.1%
Emotional Abuse	9.9%	10.0%	9.4%
Emotional Neglect	13.1%	12.5%	13.1%
Financial Exploitation	7.8%	10.4%	10.2%
Financial Neglect	4.6%	5.2%	5.2%
Mental Disability	3.2%	2.5%	1.8%
Other	1.4%	0.8%	1.1%

Information Regarding Home and Community Based Investigations (Continued)

IV. Findings

(Types of Problems)	Reason to Believe			Suspected			Unsubstantiated		
	FY 04	FY 05	FY 06	FY 04	FY 05	FY 06	FY 04	FY 05	FY 06
Physical Abuse	37.4%	36.2%	34.4%	14.2%	15.8%	18.3%	48.4%	48.0%	47.3%
Physical Neglect	40.6%	40.9%	41.0%	13.7%	14.8%	15.5%	45.7%	44.3%	43.6%
Emotional Abuse	36.2%	37.0%	35.4%	18.4%	19.3%	19.2%	45.4%	43.7%	45.4%
Emotional Neglect	48.1%	51.3%	50.5%	19.0%	19.5%	19.1%	32.9%	29.2%	30.4%
Financial Exploitation	19.3%	20.7%	18.4%	18.6%	18.9%	20.2%	62.1%	60.4%	61.4%
Financial Neglect	36.1%	43.1%	45.4%	14.6%	18.0%	17.1%	49.3%	38.9%	37.5%
Mental Disability	53.2%	62.6%	66.8%	15.0%	14.6%	13.4%	31.8%	22.8%	19.9%
Other	31.2%	35.8%	31.4%	14.9%	13.9%	12.1%	53.9%	50.3%	56.5%

IV. Demographic Profiles of Home and Community Services Investigations of Reported Elders

		FY04	FY05	FY06	2000 Census (60+) MO population is 5,595,211
Sex	Female	64.5%	64.0%	63.4%	59.0%
	Male	35.5%	36.0%	36.5%	41.0%
Race	White	81.0%	80.5%	75.8%	91.7%
	Black	15.5%	15.3%	14.0%	7.3%
	Other	0.3%	0.4%	8.0%	1.0%
	Unknown	3.2%	3.8%	2.3%	0%
Age	Under 60	24.1%	24.8%	25.8%	82.4%
	60-64	7.5%	7.5%	8.4%	4.0%
	65-69	9.5%	8.8%	9.0%	3.6%
	70-74	12.1%	10.5%	10.6%	3.4%
	75-79	14.2%	14.7%	13.5%	2.5%
	80-84	15.1%	14.5%	14.5%	2.1%
	85-89	10.2%	11.1%	11.0%	2.0% (over 85)
	90-94	5.4%	5.8%	5.5%	
	95 plus	1.9%	2.3%	2.0%	
Living Arrangement	Alone	41.3%	42.1%	42.5%	39.0%
	With Spouse	16.6%	15.0%	15.5%	20.0%
	With Relative	28.7%	28.2%	27.7%	33.0%
	With Non-Relative	5.7%	5.5%	6.2%	4.5%
	Long-Term Care	6.8%	6.8%	6.2%	1.6%
	Other/Unknown	0.9%	2.4%	2.0%	1.9%

Information Regarding Home and Community Based Investigations (Continued)
V. Perpetrator Related Data (when perpetrator designated; reports may have multiple perpetrators)

	FY 04	FY 05	FY 06
Self	18.2%	18.7%	20.4%
Spouse	4.0%	3.9%	4.1%
Housemate	1.6%	1.7%	1.8%
Son/Daughter	13.1%	13.0%	13.4%
Siblings	1.3%	1.5%	1.4%
Parent	2.2%	2.5%	1.8%
Grandchild	2.6%	1.9%	2.4%
Other Relative	3.7%	4.0%	3.6%
Friend/Neighbor	3.2%	3.0%	2.5%
Landlord	0.5%	0.5%	0.6%
Guardian	0.4%	0.4%	0.4%
Health Care Professional	1.2%	0.5%	0.4%
In-Home Service Provider	5.4%	5.0%	4.1%
Circumstances / Environment	36.8%	36.6%	36.5%
Other	4.5%	4.1%	4.2%
Unknown	1.3%	2.7%	2.4%

VI. Relationship of Alleged Perpetrator When Living with Reported Elder

	FY 04	FY 05	FY06
Spouse	17.6%	17.0%	17.3%
Housemate	6.7%	6.8%	7.2%
Son/Daughter	34.9%	35.7%	36.4%
Siblings	3.4%	3.6%	3.4%
Grandchild	6.7%	7.1%	6.0%
Other Relative	15.0%	15.6%	8.0%
Friend/Neighbor	2.9%	2.6%	1.8%
Other	12.1%	9.7%	9.8%
Unknown	0.7%	1.9%	10.3%

VII. Resolution of Investigations Reported by Social Services Workers

	FY 04	FY 05	FY06
Opened for protective services (PS)	19.5%	20.6%	15.9%
Report substantiated but no (PS)	19.8%	20.8%	24.0%
Resolved (includes unsubstantiated)	32.2 %	32.4%	36.0%
Refused services	6.7%	6.4 %	5.7%
Placed in long-term facility (care)	9.9 %	8.8%	8.4%
Referred to other agency/agencies	3.4%	2.7%	2.4%
Other	0.9%	0.9%	0.6%
Unable to locate	1.1%	1.1%	1.0%
Client died	4.5 %	4.3%	4.3%
Client moved	2.0 %	2.0%	1.8%

Information Regarding Home and Community Based Investigations (Continued)

VIII. Abuse, Neglect, Exploitation of Home and Community Services Reports

Class I: Imminent danger or an emergency situation.

Class II: Direct or immediate relationship to the health, safety, or welfare of the reported adult but one which does not create imminent danger.

Class III: "Non-protective" situation, or additional information on an open report.

IX. Total Home and Community Services Reports

	FY 04		FY 05		FY 06	
<i>Class I</i>	1,656	10.9%	1,601	10.1%	1,838	10.9%
<i>Class II</i>	11,515	75.8%	12,353	78.0%	13,500	80.2%
<i>Class III</i>	2,019	13.3%	1,880	11.9%	1,477	8.9%
TOTAL	15,190	100%	15,834	100%	16,815	100%

X. Field Operations Action

A. Unduplicated Count of Reported Adults Served*	FY 04	FY 05	FY 06
Class I	1,145	1,085	1,339
Class II	8,883	9,351	10,533
Total	10,028	10,436	11,872

*Includes only clients with Departmental Client Numbers (DCN). Based on completed investigations.

B. Time-frames for Seeing Alleged Victim Based on Completed Investigations

	Total	24 Hours		48 Hours		In 7 Days		Over 7 Days/ Not Seen	
FY 06									
Class I	2,003	1,777	88.7%	20	1.0%	97	4.8%	109	5.5%
Class II	14,042	3,381	24.1%	1,072	7.6%	7,432	52.9%	2,157	15.4%
FY 05									
Class I	1,637	1,440	88.0%	20	1.2%	61	3.7%	116	7.1%
Class II	12,475	3,305	26.5%	1,034	8.3%	6,386	51.2%	1,750	14.0%
FY 04									
Class I	1,701	1,479	86.9%	29	1.7%	78	4.6%	115	6.8%
Class II	11,825	3,341	28.3%	1,010	8.5%	5,756	48.7%	1,718	14.5%

Elder Abuse Hotline: 1-800-392-0210



Division of Regulation & Licensure

Information Regarding Facility Based Investigations

- A. Valid:** A conclusion that the allegation did occur and there was a statutory or regulatory violation.
- B. Invalid:** A conclusion that the allegation did not occur; a conclusion that there is not a reasonable likelihood that the allegation occurred; OR a conclusion that the allegation either occurred or there is a reasonable likelihood that it occurred, but there is not a statutory or regulatory violation.
- C. Could Not Verify:** This conclusion is reached when a complaint is investigated and there is conflicting information collected to the extent that no conclusion regarding a regulatory violation could be reached.

I. Findings Based on Completed Reports

	FY 04		FY 05		FY 06	
Valid - uncorrected	642	10.3%	604	10.4%	639	12.5%
Valid - corrected before investigation, no statement of deficiency	399	6.4%	416	7.2%	468	9.2%
Total Valid Investigations	1,041	16.7%	1,020	17.6%	1,107	21.7%
Invalid, unsubstantiated, or not in violation	1,369	22.0%	20%	1,156	903	17.7%
Could not verify	3,221	51.8%	55.9%	3,235	2,941	57.8%
Other	591	9.5%	6.5%	381	139	2.8%
Total Investigations Completed	6,222	100%	100%	5,792	5,090	100%

Includes reports without an allegation of a regulatory violation, do not allege abuse or neglect of residents or had already been addressed in a prior survey or complaint investigation.

II. Complaint Reports and Facility Self-Reported (FSR) Incidents Received

	FY 04		FY 05		FY 06	
Abuse, Neglect Complaints	375	8.1%	385	8.2%	389	8.9%
Other Regulatory Allegations	4,246	91.9%	4,301	91.8%	3,959	91.9%
Total Reports	4,621	100%	4,686	100%	4,348	100%

	FY 04		FY 05		FY 06	
Abuse Neglect (FSR)	306	18.3%	339	21.5%	314	20.4%
Other Regulatory (FSR)	1,368	81.7%	1,236	78.5%	1,226	79.6%
Total	1,674	100%	1,575	100%	1,540	100%

Information Regarding Facility Based Investigations (Continued)

III. Total Complaints and Facility Self Reports

	FY 04		FY 05		FY 06	
Complaint Reports	4,621	73.4%	4,686	74.8%	4,348	73.8%
Facility Self Reports	1,674	26.6%	1,575	25.2%	1,540	26.2%
Total	6,295	100%	6,261	100%	5,888	100%

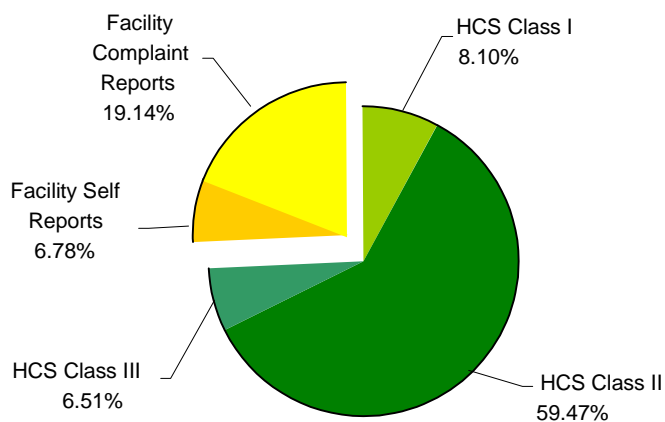
	FY 04		FY 05		FY 06	
Abuse and Neglect	681	10.8%	724	11.6%	703	11.9%
Other Regulatory	5,614	89.2%	5,537	88.4%	5,185	88.1%
Total	6,295	100%	6,261	100%	5,888	100%

IV. Breakdown of Valid, Invalid, and Unable to Verify Abuse/Neglect Reports

	FY 04		FY 05		FY 06	
Valid With or Without Statement of Deficiencies	109	16.0%	149	20.6%	140	20.0%
Invalid	135	19.8%	133	18.4%	107	15.2%
Unable to Verify	423	62.1%	430	59.4%	429	61.0%
Final Determination Unavailable at This Time	14	2.1%	12	1.7%	27	3.8%
Total	681	100%	724	100%	703	100%



CRU Hotline Reports - FY 2006



Family Care Safety Registry

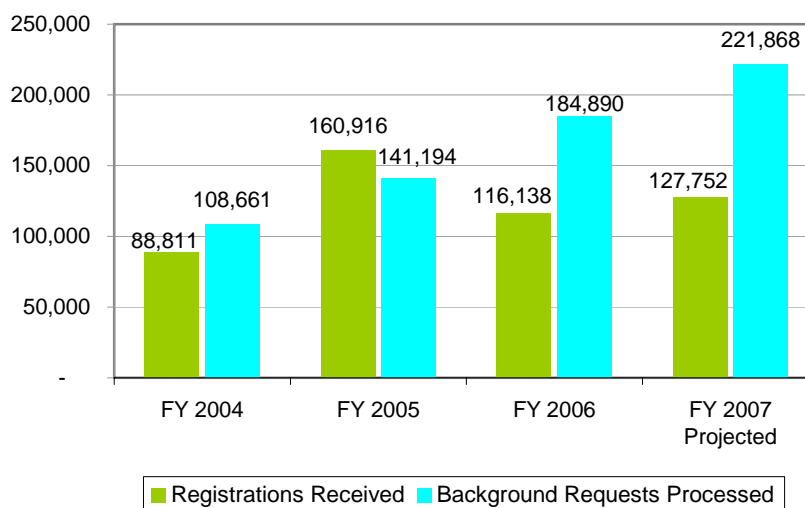
The Family Care Safety Registry (FCSR) is maintained by the Department of Health and Senior Services in coordination with the Department of Social Services, Department of Mental Health, and the Department of Public Safety. Child and elder care workers hired on or after January 1, 2001, and personal care workers hired on or after January 1, 2002, must be registered. FCSR will help ensure that personnel who provide care for children, the elderly, or the physically and mentally disabled can be easily screened for information provided by:

- Missouri State Highway Patrol for criminal background checks and Sex Offender Registry;
- Division of Social Services for child abuse/neglect records and foster parent, residential facility and child placing agency licensing records;
- DHSS for child care licensing records; and
- Employee Disqualification List records; and
- Department of Mental Health Employee Disqualification Registry.

FCSR Registration

Caregivers required to register include individuals employed by elder care providers and/or those who receive state or federal funds as payment for elder care services. Elder care providers include home health agencies, hospices, hospitals, nursing facilities, residential care facilities, in-home service providers, and consumer-directed service vendors. Persons who are not required to register may do so voluntarily. Employers may submit completed registration forms for multiple prospective employees. Registration fees may be paid by the individual or by the employer, and both the applicant and the employer will receive notification of the screening results. Workers need to register only one time, even if they change jobs.

Family Care Safety Registry Activity



FCSR Background Screenings

Background information from the FCSR may be requested for **employment purposes only** by phone, fax, mail, and internet. There is no cost to obtain a background screening on registered workers.

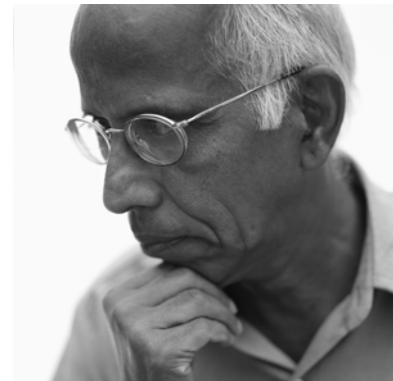
- The requestor must provide the registrant's name and social security number.
- Information released to callers will be limited to whether the registrant's name is listed in any of the registries and if so, which one(s). Agencies licensed by the state may obtain specific information about the finding by phone, fax, or mail. All other requests must be made in writing and include the registrant's name, address, and the reason for the request.
- Registrants will be notified each time someone requests information about them from the registry. The notification will contain the name and address of the person making the inquiry and the background information released.
- Any caregiver required to register who fails to submit a completed registration form to the FCSR within 15 days of beginning employment is guilty of a Class B misdemeanor. Any person who uses the information obtained from the FCSR for any purpose other than those outlined in the legislation is guilty of a Class B misdemeanor.

Family Care Safety Registry

1-866-422-6872

7:00 a.m. to 6:00 p.m.

Monday – Friday



MISSOURI'S RESPONSE SYSTEM

1-800-392-0210

TDD 1-800-669-8819

State Statutory References *Links to these statutes are also available at www.dhss.mo.gov.*

Chapter 198 RSMo

Convalescent, Nursing, & Boarding Homes

This chapter contains information on the following topics:

Definitions

License, when required, duration, content, effect of change of ownership, temporary permits, penalty for violation

Posting of Licenses

Duty of department on receipt of application, duty upon denial, copying of records, inspection

Department Inspections

Confidentiality of Abuse & Neglect Reports

Mandated Reporters

Employee Disqualification List

Chemical and physical restraints

Resident Rights

Grievances and Complaints

Personnel Possessions & Funds of Residents

Quarterly Accounting for Residents

Chapter 208 RSMo

Consumer-Directed Services

This chapter contains information on the following topics:

Definitions

Report of Abuse/Neglect, Penalty, False Reports, Evidence of Prior Convictions

Duty to Report and Immunity

Investigations

Confidentiality

Consumer-Directed Services Consumer Abuse/Neglect

Misappropriation or Falsification

Administrative Hearing

Employee Disqualification List

Criminal Background Checks and

Employment Prohibitions

Chapter 565 RSMo

Offenses Against The Person

This chapter contains information on the following topics:

Definitions

Elder Abuse First Degree and Penalty

Elder Abuse Second Degree and Penalty

Elder Abuse Third Degree and Penalty

Investigation of Elder Abuse Report

Report of Elder Abuse, Penalty, False Reports, Evidence of Prior Convictions

Duty to Report and Immunity

Chapter 570 RSMo

Stealing and Related Offenses

This chapter contains information on the following topics:

Financial Exploitation

Penalty

Definitions

Chapter 660 RSMo

Protective Services For Adults

This chapter contains information on the following topics:

Definitions

Report of Abuse/Neglect, Penalty, False Reports, Evidence of Prior Convictions

Duty to Report and Immunity

Investigations

Confidentiality

Central Registry Unit

Administrative Entry Warrant

Inability to Give Consent

Law Enforcement Entry Warrant

Court-Ordered Medical Treatment

Medical Need for Guardianship

Right to Refuse Services

In-Home Client Abuse/Neglect

Misappropriation or Falsification

Administrative Hearing

Employee Disqualification List

Criminal Background Checks and Employment Prohibitions

Good Cause Waiver